P.S.C. MO NO. 4

Citizens Telephone Company of Higginsville, Missouri, Inc.

Original Sheet No. 3-24

GENERAL RULES AND REGULATIONS

Missouri Public Somes Commission

General Rules and Regulations (Cont'd)

Reserved for Future use.

RECTO DEC 1 & 1998

Missouri Public Sorvico Commission

FLED JAN 1 3 1999

Issued: December 14, 1998

Brian Cornelius Citizens Telephone Company 1905 Walnut Higginsville, MO 64037 Effective: January 13, 1999

REDACTED - FOR PUBLIC INSPECTION

P.S.C. MO NO. 4

Citizens Telephone Company of Higginsville, Missouri, Inc.

Original Sheet No. 3-25

GENERAL RULES AND REGULATIONS

3. General Rules and Regulations (Cont'd)

Service Commission

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RECTO DEC 1 4 1998

Missouri Public Service Commission

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Higginsville, MO 64037

P.S.C. MO NO. 4

Citizens Telephone Company of Higginsville, Missouri, Inc. 1st Revised Sheet No. 3-26 Cancels Original Sheet No. 3-26

GENERAL RULES AND REGULATIONS

Missouri Public Sorvico Commission

General Rules and Regulations (Cont'd)

Reserved for future use.

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Citizens Telephone Company of Higginsville, Missouri, Inc.

P.S.C. MO NO. 4 4th Revised Sheet No. 4-15

Cancels 3rd Revised Sheet No. 4-15

LOCAL EXCHANGE SERVICE

- Local Exchange Service (Cont'd) 4.
 - Missouri School Discount Program (Cont'd) 4.10
 - A. General (Cont'd)
 - The customer should request to receive the discount on all subsequent additions of eligible services which are ordered. There will be no additional affidavits required.
 - The following local exchange services are eligible for a discount under 7. this program:
 - Flat Rate, business one-party service
 - Custom Enhanced Multi-Line Service
 - All other features, ancillary services or options, relative to the particular service, shall continue to be provided at the appropriate tariffed rates.
 - 4.11 Lifeline Service
 - General Regulations A.
 - Lifeline service is available to qualifying low-income subscribers for 1. single-party residence service.
 - The monthly discount will be the maximum amount allowed by the 2. Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
 - 3. Lifeline will not be furnished on a Foreign Exchange service.
 - Lifeline service shall not be disconnected for non-payment of toll 4. charges.
 - Toll blocking provides a means of restricting access to the Long 5. Distance Message Telecommunications Network. Toll blocking for the purposes of lifeline service will restrict 1+, 0+ and 0- (operator handled) calls.
 - If the customer chooses "toll blocking" the company will not a. charge a service deposit.
 - b. Toll blocking is offered to Lifeline subscribers at no charge.
- *Indicates new rate or text

Issued: March 28, 2012

+Indicates change

Effective: April 27, 2012

Brian Cornelius Citizens Telephone Co. 1905 Walnut Higginsville, MO 64037

FILED Missouri Public Service Commission JI-2012-0524

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P.S.C. MO NO. 4 4th Revised Sheet No. 4-16 Cancels 3rd Revised Sheet No. 4-16

LOCAL EXCHANGE SERVICE

(M)

- Local Exchange Service (Cont'd) 4.
 - Lifeline Service (Cont'd) 4.11
 - B. Eligibility Requirements
 - An applicant must meet all of the following criteria in order to qualify for Lifeline Service.
 - To qualify for Lifeline the consumer must participate in a. one of the following programs:
 - 1. Mo HealthNet (f/k/a Medicaid)

(T)

- 2. Food stamps
- Supplemental Security Income (SSI) 3.
- Federal Public Housing Assistance or Section 8 4.
- Low Income Home Energy Assistance Program 5.
- National School Free Lunch Program 6.

Temporary Assistance for Needy Families, or

7. The customer's income, as defined in 47 CFR 8. §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012).

- The customer must sign, under penalty of perjury a b. document certifying:
 - 1. He/she is receiving benefits from one of the programs in 1.a. above.
 - Name of the program(s) from which they are 2. receiving benefits.
 - 3. That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.
- The premises at which the residence service is requested c. must be the applicant's principal place of residence.
- There is only one telephone line serving the residence d. premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

Issued: March 28, 2012

Brian Cornelius Citizens Telephone Co. 1905 Walnut Higginsville, MO 64037 Effective: April 27, 2012

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Citizens Telephone Company of Higginsville, Missouri Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Commence of the commence of th	Eligibility	Criteria			
Lifeline Pro	gram	Disabled Program			
MO HealthNet (f/k/a Medicaid Supplemental Nutrition Assist Supplemental Security Income Low-Income Home Energy As Federal Public Housing Assist National School Free Lunch P Temporary Assistance for Nee 135% of the Federal Poverty I (See next page for income three	ssistance (LIHEAP) ance (Section 8) rogram dy Families (TANF)	Veteran Administration Disability Benefits State Blind Pension State Aid to Blind Persons State Supplemental Disability Assistance Federal Social Security Disability			
oplicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*		
ne on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:			
ustomer's Full Residential Service Add o P.O. Boxes):	ress		Х		
reet: ty, Town, Zip:		Is this address a temporary address? Yes / No (circle the appropriate response) (If "yes" then must verify address every 90 days.)			
		please provide billing address):			

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at
 the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

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I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for
 receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria
 for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my
 household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not
 already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to
 re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the
 purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with
 the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline
 or Disabled programs.

I certify I have	individuals in my household.
(Initial and compl	ete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

	Annual Inco	ome Thresh	olds for Mee	ting 135%	of Federal P	overty Level	(Based on H	ousehold Size)
1	2	3	4	5	6	7	8	Each add'l person
\$15,890	\$21,506	\$27,122	\$32,738	\$38,354	\$43,970	\$49,586	\$55,202	+ \$5,616/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

	1.08		
ptable proof of eligibility:			
Signature		Date	
	eptable proof of eligibility:		

Citizens Telephone Company of Higginsville, Missouri

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ATTACHMENT - LINE 3010
ATTACHMENT REDACTED IN ENTIRETY